

PO BOX 1360
FRANKFORT KY 40602
<http://occupations.ky.gov>

Name _____

City _____ State _____ Zip Code _____

PLEASE COMPLETE ALL OF THE FOLLOWING:

Present place of employment

Address

Address

City	State	Zip
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Business telephone #

Business e-mail address

License number
«License Number»

(Please complete back page of renewal form)

1. Have you been convicted of a felony since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction. () No () Yes

If yes, list offense and provide details on a separate sheet of paper.

2. Have you been subject to disciplinary action by a mental health credentialing board? () No () Yes

If yes, give details on a separate sheet of paper.

3. List any state in which you have become licensed or certified since your last renewal, the type of license or certification, and the number of the certification or license: _____

4. Are you currently serving in the military? () No () Yes

AFFIDAVIT

I do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensed Professional Counselors

I have completed _____ hours of continuing education during the annual period for renewal as defined in 201 KAR 36:030. I realize that, at the Board's request, I may be asked to submit information that supports this statement.

Signature: _____
(Sign your name – Do not print or type)

Date: _____ / _____ / _____